

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/13/2014	
NAME OF PROVIDER OR SUPPLIER  BRIDGE AT GARDEN PLAZA				STREET ADDRESS, CITY, STATE, ZIP CODE 8614 W 10TH ST INDIANAPOLIS, IN 46234			
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R000000	<p>This visit was for the Investigation of Complaint IN00149302.</p> <p>Complaint IN00149302 - Substantiated. State deficiencies related to the allegations are cited at R121,R406, and R410.</p> <p>Date of Survey: August 13, 2014</p> <p>Facility number: 005616 Provider number: 005616 AIM number: NA</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census bed type: Residential: 87 Total: 87</p> <p>Census payor type: Other: 87 Total: 87</p> <p>Sample: 6 Supplemental sample: 9</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p>		R000000	<p>Responses to the cited deficiencies do not constitute an admission or agreement b the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies.</p> <p>The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000121	<p>Quality Review was completed by Tammy Alley RN on August 14, 2014.</p> <p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p>						

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	<p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on record review and interview the facility failed to ensure tuberculin skin testing was completed at the time of employment and annually for 10 of 22 employee files reviewed. (Employees #7, #9, #10, #11, #12, #13, #14, #15, #16, and # 17)</p> <p>Findings include:</p> <p>Current employee files were reviewed on 08-13-14 at 1:00 p.m. The following was noted in regard to the facility's lack of tuberculin testing at the time of employment, annual tuberculin testing and risk assessments for those employee's determined to be reactors to the Mantoux method.</p> <p>Employee #7 - Receptionist - hired on 03-17-11. A review of the employee documentation related to tuberculin testing indicated the last skin test was performed 03-11-13.</p> <p>Employee #9 - Server - hired on 12-16-05. The employee file contained</p>	R000121	<p>System: New hires will not begin work without completing the TB test requirements prior to new hire orientation. Current employees will receive an updated TB test at the time of their annual evaluation as well as a TB test list will be established and test given at the monthly mandatory all staff meeting for those who staff members who may have been on vacation or ill to maintain compliance.</p> <p>Monitoring: The Human Resource Director will be responsible for monitoring compliance on a weekly basis. The General Manager will monitor compliance monthly at the end of the all staff meeting to verify compliance. A list of employees due for PPD's is given out weekly with their evaluation at the leadership meeting to the appropriate supervisors. A new employee has been hired to replace the previous staff member who did not meet state compliance. A complete employee file audit was completed on August 28, 2014.</p> <p>All employees who were not in compliance did receive a TB test to ensure compliance. A system</p>		09/12/2014		

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	<p>the results of a chest x-ray dated 07-31-03 - two years prior to employment.</p> <p>The Annual Risk assessments were dated 12-06-05, 08-28-07, 12-19-07, 08-13-08, 07-28-09, and an authorization form for a chest x-ray dated 08-19-09 (no results of the chest x-ray were in the employee record), a risk assessment dated 08-02-11, and 08-30-12. The record lacked documentation the employee had a reaction to the tuberculin testing and lacked risk assessments for the years 2013 and 2014.</p> <p>Employee #10 - LPN (Licensed Practical Nurse) - hired on 05-19-14. The employee file contained a "TB [Tuberculosis] Information, Consent and Questionnaire," dated 05-01-14. The record lacked tuberculin testing prior to employment or since the date of employment.</p> <p>Employee #11 - CNA (Certified Nurses Aide) - hired 03-15-12. The employee file indicated this CNA received tuberculin testing by the two step method. Step one was given on 03-12-12 and read on 03-14-12. The instructions on this form prompted the nurse that "Step two - TB test is to be done within 4 - 10 days of first step." Step two was conducted on 03-26-12 and read on</p>		has been established for annual reviews and TB testing, new hires will not be allowed to start work until the TB testing requirement is met. The HR/Payroll employee is responsible for compliance and the General Manger will monitor for state compliance.				

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	<p>03-28-12. The next testing was completed on 04-06-13 and "read" on 04-08-13. The file lacked tuberculin testing or a risk assessment for 2014.</p> <p>Employee #12 - CNA - hired 04-28-14. The employee file contained a "TB Information, Consent and Questionnaire," dated 04-23-14. The record lacked tuberculin testing prior to or since the date of employment.</p> <p>Employee #13 - CNA - hired on 09-02-02. The employee file contained a "Tuberculosis Screening," dated 08-25-08, a chest x-ray on 08-20-09 with results which indicated "no active pulmonary disease," "screenings" dated 05-18-10, 12-01-11, 11-21-12 and 08-13-14. The file lacked any documentation for 2013.</p> <p>Employee #14 - QMA (Qualified Medication Aide) - hired 04-01-12. The file contained a "TB Information, Consent and Questionnaire," dated 05-30-12. The "initial - first step testing was dated 05-30-12 and read on 06-01-12. The second step tuberculin testing was dated 06-13-12. The file contained a "TB Information, Consent and Questionnaire," dated 04-08-14. The form was signed and dated by the employee but the "questionnaire" had not</p>						

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	<p>been completed by the QMA. A review of the employee "Annual PPD [purified protein derivative] Log," indicated the employee had testing on 04-08-13. The record lacked tuberculin testing prior to employment, or the risk assessment or testing for 2014.</p> <p>Employee #15 - QMA - hired 04-16-09. The record contained an "annual tuberculosis test," dated 08-18-10. This testing was late. The employee file contained a "TB Information, Consent and Questionnaire," dated 09-12-12 and 03-25-13, with Annual PPD tests on 09-12-12 and 03-25-13. The record lacked tuberculin testing or a risk assessment for 2014.</p> <p>Employee #16 - QMA - hired 03-26-09. The file indicated the employee had the two step method on 03-02-12 and read on 03-05-12. The second step was dated 03-23-12 and read on 03-26-12. On 04-08-13 a "TB Information, Consent and Questionnaire," was completed and the Annual PPD log indicated the employee received the testing on 04-08-13 and the next Annual testing was dated 07-09-14. This testing was late.</p> <p>Employee #17 - Cook - hired on 04-15-13. The file contained the "TB Information, Consent and Questionnaire,"</p>						

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	<p>dated 04-02-13. The Initial and second step form indicated the employee received the first step on 04-02-13, and read on 04-05-13. The second step was given on 04-29-13. The file lacked a risk assessment or testing for 2014.</p> <p>During an interview on 08-13-14 at 2:00 p.m., the Director of Nurses indicated she was aware of the problem with the employees not being up to date with tuberculin testing. "All department heads are new here and the HR (Human Resources Director) just started. We are planning an all staff Inservice on August 26th (2014) and we will have to get everyone tested then."</p> <p>A review of the facility policy on 08-13-14 at 1:40 p.m., titled "Tuberculosis (TB) Screening for Associates," and dated August 2011, indicated the following:</p> <p>"Purpose - to promote resident/associate safety and well-being by screening associates for Tuberculosis (TB) and initiating appropriate follow-up."</p> <p>"Tuberculosis Skin Testing Procedures - All associates are screened for Tuberculosis (TB) at upon hire, annually and when exposed to infected individuals."</p>						

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R000406	<p>"New Associates - 1. New associates who have been made a conditional offer of employment will be screened for presence of infection with M. [Mycobacterium] Tuberculosis using the Mantoux PPD [purified protein derivative] skin testing. Skin testing will employ the two step procedure. 2. Individuals with a documented history of a positive PPD will not undergo skin testing. They will, however, be required to bring documentation from their private physician or local health department of their work up following conversion. 5. Individuals with no documented history of a PPD skin test within the last 12 months will undergo the two step procedure."</p> <p>"Annual Associate Screening - Unless state guidelines specify otherwise, associates with a negative skin test history will have at a minimum an annual PPD skin test and depending on test results, will be followed as above."</p> <p>This State finding relates to Complaint IN00149302.</p>						



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	<p><b>Infection Control - Offense</b></p> <p>(a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.</p> <p>Based on record review and interview the facility failed to ensure an effective infection control program in that the facility failed to ensure timely Mantoux testing for current residents (Resident's "A", "D" and "E") and provide tuberculin skin testing for employees at the time of employment and annually. (Employees #7, #8, #9, #10, #11, #12, #13, #14, #15 and #16). The facility failed to incorporate a system to ensure effective monitoring of testing for resident's and employees.</p> <p>This deficient practice had the potential to effect 87 of 87 current resident's and 102 of 102 current employees.</p> <p>Findings include:</p> <p>1a. The record for Resident "A" was reviewed on 08-13-14 at 9:30 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, oxygen dependent, lung cancer and Alzheimer's dementia. These diagnoses remained current at the time of the record review. The resident was</p>	R000406	<p>An immediate resident chart audit was completed on August 14, 2014. All TB Testing is current with residents to meet the State standard. A monthly Testing audit will be completed at the end of the month with rewrites to verify constant compliance. Any reaction greater than 10 mm will be noted by the MD, Chest xray taken and any allergy will be noted on the chart. The Resident Care Director is responsible for compliance. The General Manager will monitor monthly for compliance.</p>		09/12/2014		

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	<p>admitted to the facility on 07-14-2010.</p> <p>A review of the resident's annual tuberculin log indicated the resident had tuberculin testing on 07-19-10, 08-02-10, 07-22-11 and 07-20-12. The resident record lacked current risk assessment or tuberculin testing.</p> <p>1b. The record for Resident "D" was reviewed on 08-13-14 at 10:00 a.m. Diagnoses included, but were not limited to, congestive heart failure, chronic obstructive pulmonary disease, hypertension, cerebral vascular accident and anemia. These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 01-31-13.</p> <p>A review of the resident's annual tuberculin log indicated the resident had tuberculin testing on 01-31-13 and then on 07-28-14. The testing for the resident was late.</p> <p>During an interview on 08-13-14 at 11:05 a.m., the Director of Nurses indicated the resident "should have been tested in January [2014]."</p> <p>1c. The record for Resident "E" was reviewed on 08-13-14 at 11:45 a.m. Diagnoses included, but were not limited</p>						

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	<p>to, dementia, lower extremity edema, hypertension and osteoporosis. These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 09-08-12.</p> <p>A review of the resident tuberculin log indicated a first step Mantoux was completed on 09-10-12. The result was "0 mm [millimeters]." A second step test was completed on 09-26-12. The resident's result was "10 mm." A chest x-ray was ordered and completed on 10-14-13. A risk assessment was completed on 09-26-14.</p> <p>The record lacked documentation by the resident's physician of a clinical assessment of the resident after a positive reaction to the Mantoux testing.</p> <p>2a. Current employee files were reviewed on 08-13-14 at 1:00 p.m. The following was noted in regard to the facility's lack of tuberculin testing at the time of employment, annual tuberculin testing and risk assessments for those employee's determined to be reactors to the Mantoux method.</p> <p>Employee #7 - Receptionist - hired on 03-17-11. A review of the employee documentation related to tuberculin testing indicated the last skin test was</p>						

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	<p>performed 03-11-13.</p> <p>Employee #9 - Server - hired on 12-16-05. The employee file contained the results of a chest x-ray dated 07-31-03 - two years prior to employment.</p> <p>The Annual Risk assessments were dated 12-06-05, 08-28-07, 12-19-07, 08-13-08, 07-28-09, and an authorization form for a chest x-ray dated 08-19-09 (no results of the chest x-ray were in the employee record), a risk assessment dated 08-02-11, and 08-30-12. The record lacked documentation the employee had a reaction to the tuberculin testing and lacked risk assessments for the years 2013 and 2014.</p> <p>Employee #10 - LPN (Licensed Practical Nurse) - hired on 05-19-14. The employee file contained a "TB [Tuberculosis] Information, Consent and Questionnaire," dated 05-01-14. The record lacked tuberculin testing prior to employment or since the date of employment.</p> <p>Employee #11 - CNA (Certified Nurses Aide) - hired 03-15-12. The employee file indicated this CNA received tuberculin testing by the two step method. Step one was given on 03-12-12 and read on 03-14-12. The instructions</p>						

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	<p>on this form prompted the nurse that "Step two - TB test is to be done within 4 - 10 days of first step." Step two was conducted on 03-26-12 and read on 03-28-12. The next testing was completed on 04-06-13 and "read" on 04-08-13. The file lacked tuberculin testing or a risk assessment for 2014.</p> <p>Employee #12 - CNA - hired 04-28-14. The employee file contained a "TB Information, Consent and Questionnaire," dated 04-23-14. The record lacked tuberculin testing prior to or since the date of employment.</p> <p>Employee #13 - CNA - hired on 09-02-02. The employee file contained a "Tuberculosis Screening," dated 08-25-08, a chest x-ray on 08-20-09 with results which indicated "no active pulmonary disease," "screenings" dated 05-18-10, 12-01-11, 11-21-12 and 08-13-14. The file lacked any documentation for 2013.</p> <p>Employee #14 - QMA (Qualified Medication Aide) - hired 04-01-12. The file contained a "TB Information, Consent and Questionnaire," dated 05-30-12. The "initial - first step testing was dated 05-30-12 and read on 06-01-12. The second step tuberculin testing was dated 06-13-12. The file</p>						

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	<p>contained a "TB Information, Consent and Questionnaire," dated 04-08-14. The form was signed and dated by the employee but the "questionnaire" had not been completed by the QMA. A review of the employee "Annual PPD [purified protein derivative] Log," indicated the employee had testing on 04-08-13. The record lacked tuberculin testing prior to employment, or the risk assessment or testing for 2014.</p> <p>Employee #15 - QMA - hired 04-16-09. The record contained an "annual tuberculosis test," dated 08-18-10. This testing was late. The employee file contained a "TB Information, Consent and Questionnaire," dated 09-12-12 and 03-25-13, with Annual PPD tests on 09-12-12 and 03-25-13. The record lacked tuberculin testing or a risk assessment for 2014.</p> <p>Employee #16 - QMA - hired 03-26-09. The file indicated the employee had the two step method on 03-02-12 and read on 03-05-12. The second step was dated 03-23-12 and read on 03-26-12. On 04-08-13 a "TB Information, Consent and Questionnaire," was completed and the Annual PPD log indicated the employee received the testing on 04-08-13 and the next Annual testing was dated 07-09-14. This testing was late.</p>						

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	<p>Employee #17 - Cook - hired on 04-15-13. The file contained the "TB Information, Consent and Questionnaire," dated 04-02-13. The Initial and second step form indicated the employee received the first step on 04-02-13, and read on 04-05-13. The second step was given on 04-29-13. The file lacked a risk assessment or testing for 2014.</p> <p>3. During an interview on 08-13-14 at 2:00 p.m., the Director of Nurses indicated she was aware of the problem with the employees not being up to date with tuberculin testing. "All department heads are new here and the HR (Human Resources Director) just started. We are planning an all staff Inservice on August 26th (2014) and we will have to get everyone tested then."</p> <p>4. During an interview on 08-13-14 at 11:15 a.m., the Director of Nurses indicated "I started in May [2014] and prior to me there was no Director of Nurses for 9 months. I'm not surprised there is a pattern of problems with the PPD's [purified protein derivative]. It seems that prior to me coming they started an audit."</p> <p>5. A review of the facility policy on 08-13-14 at 1:45 p.m., titled</p>						

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	<p>"Tuberculosis Control Plan," dated August 2011, indicated the following:</p> <p>"Purpose - to minimize associate exposure to and subsequent infection with Tuberculosis (TB)."</p> <p>"Policy -This community has adopted and will enforce the latest recommendations of the Center for Disease Control and Prevention (CDC) regarding prevention of occupational transmission of TB among it's associates."</p> <p>"Administrative Controls - assignment of responsibility. Resident Care Director is responsible for implementation of Tuberculosis Control Program."</p> <p>"Risk Assessment - A risk assessment will be conducted initially to assess community's risk for transmission of TB and to direct the TB control measure to be implemented. In addition, retrospective risk assessment will be conducted by community at end of each calendar year."</p> <p>"A group of qualified individuals will be involved in initial and annual risk assessment. It will be completed for community as a whole and for individual healthcare staff as deemed necessary."</p> <p>"The evaluation process will include:</p>						



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R000410	<p>Case surveillance, Analysis of healthcare staff PPD test screening data, review of TB resident medical records...."</p> <p>This State finding relates to Complaint IN00149302.</p> <p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on record review and interview the facility failed to ensure timely Mantoux tuberculin testing and documentation by a resident's physician related to an assessment of a resident who had a positive PPD [purified protein derivative] for 3 of 6 sampled resident's. (Residents "A", "D" and "E").</p>	R000410	<p>An immediate resident chart audit was completed on August 14, 2014. All TB Testing is current with residents to meet the State standard. A monthly Testing audit will be completed at the end of the month with rewrites to verify constant compliance. Any reaction greater than 10 mm will be noted by the MD, Chest xray</p>		09/12/2014		

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	<p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 08-13-14 at 9:30 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, oxygen dependent, lung cancer and Alzheimer's dementia. These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 07-14-2010.</p> <p>A review of the resident's annual tuberculin log indicated the resident had tuberculin testing on 07-19-10, 08-02-10, 07-22-11 and 07-20-12. The resident record lacked a risk assessment or tuberculin testing for 2013 and 2014.</p> <p>2. The record for Resident "D" was reviewed on 08-13-14 at 10:00 a.m. Diagnoses included, but were not limited to, congestive heart failure, chronic obstructive pulmonary disease, hypertension, cerebral vascular accident and anemia. These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 01-31-13.</p> <p>A review of the resident's annual tuberculin log indicated the resident had tuberculin testing on 01-31-13 and then</p>			<p>taken and any allergy will be noted on the chart. The Resident Care Director is responsible for compliance. The General Manager will monitor monthly for compliance.</p>			

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	<p>on 07-28-14. The testing for the resident was late.</p> <p>During an interview on 08-13-14 at 11:05 a.m., the Director of Nurses indicated the resident "should have been tested in January [2014]."</p> <p>3. The record for Resident "E" was reviewed on 08-13-14 at 11:45 a.m. Diagnoses included, but were not limited to, dementia, lower extremity edema, hypertension and osteoporosis. These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 09-08-12.</p> <p>A review of the resident tuberculin log indicated a first step Mantoux was completed on 09-10-12. The result was "0 mm [millimeters]." A second step test was completed on 09-26-12. The resident's result was "10 mm." A chest x-ray was ordered and completed on 10-14-13. A risk assessment was completed on 09-26-14.</p> <p>The record lacked documentation by the resident's physician of a clinical assessment of the resident after a positive reaction to the Mantoux testing.</p> <p>4. During an interview on 08-13-14 at 11:15 a.m. , the Director of Nurses</p>						

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	<p>indicated "I started in May [2014] and prior to me there was no Director of Nurses for 9 months. I'm not surprised about you findings a pattern of problems with the PPD's."</p> <p>5. A review of the facility policy on 08-13-14 at 1:45 p.m., titled "Tuberculosis Control Plan," dated August 2011, indicated the following: "Administrative Controls - assignment of responsibility. Resident Care Director is responsible for implementation of Tuberculosis Control Program."</p> <p>"Risk Assessment - A risk assessment will be conducted initially to assess community's risk for transmission of TB and to direct the TB control measure to be implemented."</p> <p>"Admission of Residents and Follow-Up - 1. All first time residents will be screened for infection with tubercle bacilli prior to move-in or per regulatory requirements. 2. Screening for infection will consist of a PPD (Mantoux) skin test using 5 units of PPD injected intercutaneously. Residents with a history of skin test positively will be screened by a chest x-ray and a physician's clinical assessment with proper documentation being included in the admission progress notes. 8. All skin</p>						

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	test positive residents will have physician follow-up by documentation regarding presence or absence of symptoms consistent with TB."  This State finding relates to Complaint IN00149302.						